

Case Number:	CM14-0076797		
Date Assigned:	07/18/2014	Date of Injury:	12/02/2011
Decision Date:	09/11/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66-year-old male with a date of injury of December 2, 2011. MRI of the lumbar spine from March 2012 shows endplate compression of L2 and L3. The patient has osteopenia. There is an annular prominence at L5-S1 that is not impinging on the left L5 nerve root. The patient has constant pain in the low back in the mid back. There is occasional numbness over the right calf and over both feet. Physical exam reveals tenderness palpation of the low back with decreased range of motion. Straight leg raising bilaterally creates back pain. Deep tendon reflexes are normal in the quadriceps and reduce in the gastrocnemius. Sensation is reduced in the right lower extremity. The patient has had epidural steroid injections. At issue is whether lumbar decompression fusion surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar Spine discectomy and fusion at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: This patient does not meet existing criteria for lumbar decompression multilevel fusion. Specifically, the medical records do not document any evidence of lumbar instability. There is no concern for significant unstable fracture or tumor. Also, there is no clear correlation between the patient's physical exam findings and MRI imaging showing specific compression of nerve roots. Existing criteria for both lumbar decompression and fusion surgery is not met. Therefore, the request is not medically necessary.